

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR CHIEF COUNSEL ONLY	
Date Received: <u>MARCH 16, 2021</u>	Case Number: <u>21-107</u>

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Ross Jensen

Premise Name: Amigo Animal Hospital

Premise Address: 148 N. Cave Creek Rd.

City: PHNX

State: AZ

Zip Code: 85032

Telephone: _____

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Karen & Kerry Tapp re: Obie Tapp

Address: _____

City: _____

State: _____

Zip Code: _____

Home Telephone: _____

Cell Telephone: _____

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Obie Tapp

Breed/Species: Silver Lab

Age: 11 months Sex: M. Color: Silver

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PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Amigo Animal Hospital
1481 N. Cave Creek Rd., Phoenix AZ 85032
602-971-3561

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Karen Erhard Tapp - [REDACTED]
Terry Tapp - [REDACTED]
Hayley Kaibab Vet - [REDACTED]
Dr. Miller Kaibab Vet - [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [Signature]

Date: 3/15/2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Please See Attached.

ATTACHMENT TO COMPLAINT DATED 03/15/2021

KAREN AND TERRY TAPP

DRS. ROSE JENSEN AND MELISSA MILLER

PATIENT OBIE TAPP

ON MARCH 12, 2021 OUR SILVER LAB PUPPY, OBIE, WAS IN AN ACCIDENT. WE ARE STILL UNCLEAR FROM DRS. JENSEN AND MILLER WHAT HAPPENED TO HIM. WE HAVE REQUESTED INFORMATION ON THIS AND ARE STILL WAITING. WHAT IS CERTAIN THAT IN THE AFTERNOON MARCH 12 AROUND 1130 OBIE GOT OUT OF OUR YARD FOR 10 MINUTES. TERRY TAPP, MY HUSBAND, HAS JUST HAD ROTATOR CUFF SURGERY. HE COULD ONLY USE HIS LEFT ARM. TERRY WENT LOOKING AND OLLIE CAME TO HIM.

OBIE WAS RUNNING ON THREE LEGS. HIS RIGHT REAR LEG WAS VERY LACERATED WITH NUMEROUS GOUGES AND GASHES. TERRY TOOK OBIE TO THE NEAREST ANIMAL HOSPITAL, AMIGO ANIMAL HOSPITAL ON CAVE CREEK RD, PHOENIX. TERRY AND OBIE WERE NOT INITIALLY ADMITTED. TERRY PLEADED WITH SUSAN TO PLEASE ADMIT OBIE OR REFER HIM TO ANOTHER HOSPITAL. SUSAN ADMITTED OBIE. TERRY WAS NOT PERMITTED TO GO INSIDE. TERRY WAS TOLD TO WAIT OUTSIDE.

WHEN SOMEONE DID COME OUT, WE WERE TOLD TO CHECK BACK IN AN HOUR. I CALLED IN AN EFFORT TO GET AN UPDATE. I WAS TOLD BY DR. JENSEN WHAT OUR EXPENSE WOULD BE. SHE WAS VERY CLEAR ON PAYMENT. DR. JENSEN STATED SHE DID NOT HAVE AN IDEA OF WHAT HAPPENED. AT THE REQUESTED TIME I DROVE TO AMIGO ANIMAL HOSPITAL AND RANG THE BELL. SUSAN MET ME AND STATED THAT DR. JENSEN AND DR. MILLER EVEN ACCEPTING OBIE WAS A FAVOR. SUSAN FURTHER EXPLAINED THAT TERRY AND I SHOULD BE ENORMOUSLY GRATEFUL. SUSAN ALLOWED ME TO COME INSIDE. IT WAS RAINING AND VERY COLD. I EXPLAINED TO SUSAN THAT MY CONCERN WAS FOR OBIE. WHEN I ENTERED THE HOSPITAL I WAS QUICKLY USHERED TO A ROOM. OBIE WAS ALLOWED TO SEE ME.

IN RAPID FIRE DR. JENSEN EXPLAINED ISSUES WITH THE LACERATIONS, BUT WAS NOT OPEN TO ANY QUESTIONS REGARDING WHAT HAD HAPPENED, WAS HIS LEG BROKEN, HAIR LINE FRACTURES, ETC. THE RECEPTIONIST CAME IN TO COLLECT THEIR FEE. THE RECEPTIONIST HAD NO INFORMATION ON THE UNDRESSED GASHES ON OBIE. DR. JENSEN DID NOT COME BACK.

WE TOOK OBIE HOME. I IMMEDIATELY REQUESTED OBIE'S XRAYS, NOTES, ETC. TO BE FORWARDED TO OUR VET AT KAIBAB ANIMAL HOSPITAL. KAIBAB HAD CALLED AND EMAILED. ABSOLUTELY NO CALLS FROM AMIGO ANIMAL HOSPITAL REGARDING OBIE'S RECOVERY WERE MADE. DR. JENSEN NEVER BOTHERED TO FOLLOW UP. TODAY, MARCH 15, AMIGO ANIMAL HOSPITAL SENT SOME XRAYS AFTER RECEIVING TRACEY REINDEAU CALLED. SEVERAL HOURS LATER THE NOTES AND DIAGNOSIS REPORTS CAME.

IT HAS NEVER HAPPENED, IN MY EXPERIENCE, THAT A BLEEDING ANIMAL WOULD BE DENIED CARE FROM AN ANIMAL HOSPITAL. THE FACT THAT WE HAD TO BEG FOR SERVICE, OR TAKE OUR DOG ELSEWHERE IS SHOCKING. I UNDERSTAND THAT THERE IS A PRICE TAG FOR EVERY SERVICE. WE DID PAY WHAT WAS ASKED. BUT FOR THE SAKE OF OBIE WHY PROLONG THE WAIT? WHY NOT DO YOUR BEST EFFORT TO HELP OUR VET FOR OBIE'S SAKE? I AM NOT A LICENSED VET. HOWEVER, I WOULD MOST CERTAINLY SACRIFICE MY TIME TO HELP AN ANIMAL IN NEED. OBIE IS A VERY SWEET PUPPY AND HE DESERVES THE BEST TREATMENT THAT DR. JENSEN AND DR. MILLER COULD PROVIDE. NOT

COOPERATING WITH OUR VET WAS INEXCUSABLE. NOT PROVIDING ANSWERS WAS INEXCUSABLE. ONCE OBIE WAS ADMITTED THE DOCTORS NEEDED TO BE HELPFUL, AGAIN FOR OBIE'S SAKE. KIT WAS RAINING WHEN I TRIED TO TAKE OBIE TO MY CAR. I NEEDED HELP TO GET HIM IN. NONE WAS FORTHCOMING. I LOST MY BILL ITEMIZATION. I HAVE REQUESTED A COPY SINCE THE 12TH. I HAVE ASKED FOR A COPY. SO FAR NOTHING.

BOTTOM LINE IF A VET IS CONCERNED ABOUT THEIR PATIENT THEY CALL TO FOLLOW UP. IF OBIE IS JUST A BILL THAT'S NOT THE BEST STANDARD OF CARE.



Tracy Riendeau <tracy.riendeau@vetboard.az.gov>

Obie

21-106, 107 ADD INFO FROM COMPLAINANT

Karen Erhard

Wed, Apr 28, 2021 at 4:03 PM

To: Tracy Riendeau <tracy.riendeau@vetboard.az.gov>

Hello

I hope this message finds you well.

After several opinions. The following is relevant and accurate

1. Neither of the 2 doctors at Amigo ever called to check on Obie's progress.

To this day no follow up.

2. Not using a splint for Obie's injury has created long and possibly permanent damage to his leg. This is based on
Comme to from 2 other doctors.

3. Susan, I believe she is a manager,

Delaying while Obie was bleeding at the front door exacerbated Obie's condition

4 Obie's leg has a torn ligament. It was addressed by nether doctor. At Amigo.

5. The days wasted by Amigo for the x-rays to be sent to our vet could further create damage. No cone was
recommended no restrictions from exercise.

It should be noted the first thing Kaibsb did was to splint Obie's leg. It was a

A few days after Amigo. The delay has had damaging effect.

I

The best level of care was not provided by the 2 doctors at Amigo.

The lack of follow up is frankly absurd.

Obie had surgery. No instructions beyond his medication was given.

Obie needs orthopedic care and possibly surgery to repair the damage done by Amigo. We would like Amigo animal
hospital to pay for his care.

Regards

K

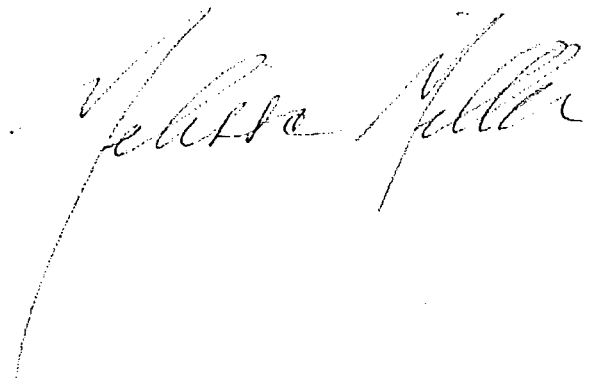
pResponse to Complaint 21-107
Melissa Miller, DVM

On the morning of Friday, March 12, 2021, at approximately 10:30 AM, the receptionists came to the treatment area to say that a walk-up new client had arrived seeking an appointment for a wound. Dr. Jensen agreed to see the patient. I continued with my fully booked morning and surgical patients.

At the conclusion of my surgeries, I observed Dr. Jensen treating a laceration on the medial aspect of the left tarsus of a young silver lab (Obie). Dr. Jensen did not require my assistance and I continued with the scheduled day.

That evening, approximately 5 PM, Susan came to the treatment area to say that the owner of Obie was there and had some concerns. We allowed an exception to our COVID protocol and allowed Mrs. Tapp into the building. I met her at the front door, explained that while I am one of the doctors at the clinic, I am not the one who treated Obie, and escorted her into an exam room so that she and Dr. Jensen could speak. As Mrs. Tapp and Obie were leaving, I was discharging another patient and saw that she had parked in a neighboring lot. I offered to hold Obie so she could move her car closer and assist in getting him in her car. Mrs. Tapp declined, stating it would be too hard to turn left across traffic. This was the beginning and end of my direct involvement with Mrs. Tapp and Obie.

Receptionist Christina reported she had emailed the radiographs and blood work results to the owner as she departed the clinic with Obie on the evening of the 12th (5:38pm). I again emailed them the morning of the 15th when Kaibab reported they had not received them. Shortly thereafter, we received an email from Haley at Kaibab reporting she had in fact received the radiographs. I had no other involvement in this case until the complaint arrived.

A handwritten signature in cursive script, appearing to read "Melissa Miller", is written in dark ink. The signature is fluid and stylized, with a long, sweeping underline that extends to the left.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-107
Complainant(s): Kerry and Karen Tapp
Respondent(s): Melissa Miller, DVM (License: 6040)

SUMMARY:

Complaint Received at Board Office: 3/16/21
Committee Discussion: 8/3/21
Board IIR: 9/15/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On March 12, 2021, "Obie," an 11-month-old male Labrador was presented to Dr. Jensen as a walk-in after running away for a short period of time. Complainants were unsure what happened, but when the dog returned, he had lacerations on his right hind leg. Dr. Jensen examined the dog; although there was no way to know what exactly happened to the dog, Dr. Jensen suspected the dog could have been hit by a car or got the foot caught in fencing.

Diagnostics were recommended and approved by Complainants. Due to changes in the lungs, Dr. Jensen elected to sedate the dog instead of using a general anesthetic to suture the wounds. No obvious fractures were noted.

After the dog's wounds were sutured and leg bandaged, the dog recovered and was discharged that evening with an antibiotic, an NSAID, and pain medication.

On March 15, 2021, the dog was presented to Kaibab for a recheck. Complainant reported that the dog had been running and swimming that day. The other dog in the

household had removed the original bandage that was placed on the dog, therefore Complainant rebandaged the leg. The dog was evaluated, a hematoma was present at the incision site; the leg was rebandaged. Complainant was instructed to limit the dog's activity and not allow the dog to swim.

Respondent did not provide treatment to the dog.

Complainants were noticed and did not appear.

Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Kerry and Karen Tapp
- Respondent(s) narrative/medical record: *Melissa Miller, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Kaibab Veterinary Clinic; Dove Valley Animal Hospital.*

PROPOSED 'FINDINGS of FACT':

1. On March 12, 2021, the dog presented to Dr. Jensen as a walk-in after running away from Complainants home for a short period of time. When the dog returned, he had lacerations on his right rear leg. The dog had not been seen at Dr. Jensen's premises before, but Dr. Jensen agreed to squeeze the dog into their schedule. The dog jumped out of the pet owners' truck and staff brought the dog inside to be seen.

2. Dr. Jensen noticed a fabric bandage on the dog's right hock. She examined the dog, palpated the tarsus and stifle – no crepitation or drawer noted. The bandage was removed and three fairly fresh wounds on the cranial tarsus, cranial metatarsal proximal, and cranial metatarsal distal areas were noted. There were also skin abrasions from the tarsus down to the mid metatarsal area. Dr. Jensen rebandaged the leg and placed the dog in a kennel in the treatment area while she finished with the client she was working with.

3. Dr. Jensen called Mr. Tapp to discuss her findings and recommendations. They speculated that the dog could have been hit by a car based on the abrasions, or he got his leg caught somehow and pulled the leg out, or caught the leg on a fence when he jumped over it. Since it was unknown as to what happened, Dr. Jensen recommended they treat it as a hit by car, and recommended a chest radiograph, blood work, and radiograph of the tarsus – if all ok, she would anesthetize the dog to clean and possibly suture the wounds. Dr. Jensen advised they would generate an estimate and call the pet owner back. Mr. Tapp requested his wife be called instead of him.

4. Before Dr. Jensen could call Mrs. Tapp, she called – Dr. Jensen discussed her findings with Mrs. Tapp. Mrs. Tapp seemed focused on what could have caused the wounds. Dr. Jensen relayed her suspicions but advised it was best to treat it as if the dog was hit by a car. The estimate for treatment was approved.

5. Blood work did not reveal any significant abnormalities. There were no obvious fracture of the tarsus and metatarsus. Thoracic radiographs revealed a broncho-interstitial pattern in the right mid to lower lobes therefore Dr. Jensen was not comfortable putting the dog under general anesthesia and elected to sedate him instead.

6. An IV catheter was placed and the dog was administered hydromorphone; the wounds were injected with a local anesthetic, and clipped and prepped. The wounds were flushed, the edges were freshened, and the tarsal lesion was closed with 4-0 PDS. The center lesion had tension so was left open; the area was less than 0.5mm. The proximal metatarsal lesion and distal metatarsal lesion were also flushed and cleaned. The distal lesion was closed with 4-0 PDS and the middle lesion was left open for potential drainage. A honey wrap was applied and the dog recovered uneventfully.

7. Dr. Jensen called Complainants to discuss the diagnostics and treatments provided to the dog. She explained that due to the findings of the thoracic radiographs, she used a sedative instead of putting the dog under a general anesthetic. She cleaned the wounds and was able to suture the larger lesion on the tarsus and the lower metatarsus lesion; she left the middle lesion open for possible drainage. Furthermore, there was a small opening of the center of the larger lesion as there was not enough tissue to close it completely. Dr. Jensen was confident that the lesions would heal nicely but may take a little longer to heal completely. She explained that she placed a honey wrap on the wounds which needed to be kept clean and dry. An antibiotic (Cephalexin) and two pain medications (gabapentin and meloxicam) would be sent home with the dog. Dr. Jensen recommended rechecking the dog on Monday to rebandage the leg. Mrs. Tapp again asked what caused the lacerations and again Dr. Jensen voiced her suspicions.

8. Dr. Jensen created the take home instructions for Complainants and included her personal cell number if there were questions. She stated that she did not make a copy of the personalized instructions, but included a copy of the general discharge instructions with her submission.

9. Mrs. Tapp arrived to pick up the dog and was already upset, therefore staff asked Dr. Jensen to discharge the dog. Despite Covid protocols, Mrs. Tapp was invited into the premises to pick up the dog and go over discharge instructions. Mrs. Tapp was combative; Dr. Jensen focused on the dog and relaying the discharge instructions. Among other instructions, Dr. Jensen explained that the dog's bandage needed to be kept clean and dry and the dog should be walked on a leash – Mrs. Tapp pushed back, stating she did not know how she was going to accomplish those instructions. It was recommended to put plastic wrap or a plastic bag over the bandage when outside. The dog was discharged and staff assisted Complainant with getting the dog to her car.

10. On March 15, 2021, Kaibab Veterinary Clinic requested a copy of the dog's medical

records since it was scheduled to be seen that day. Dr. Jensen ensured the medical records and radiographs were provided to the premises despite the information already being provided to Mrs. Tapp.

11. Due to the dog being presented to another veterinary premises and Mrs. Tapp contacting the Veterinary Board, Dr. Jensen did not contact Complainants to obtain an update on the dog.

12. On March 19, 2021, the dog was presented to Dr. Muller at Kaibab Veterinary Clinic for a recheck. Dr. Muller advised Complainants that she did not see any signs of a fracture on the radiographs provided by Dr. Jensen. Complainants had removed the bandage that was placed by Dr. Jensen and mentioned that dog had been swimming in their pool but the leg was re-wrapped. Dr. Muller noted the dog was mildly lame; there was some surgical dehiscence at the incision site, flocculent swelling cranial to the hock, and serosanguinous fluid was aspirated. The aspiration determined the swelling was consistent with a hematoma. Complainants questioned Dr. Jensen's wound care – Dr. Muller stated that Dr. Jensen's suturing appeared adequate, but the dog had not had any exercise restriction thus many sutures had pulled out. The importance of exercise restriction was stressed and Complainants were advised that the wound should heal well but scar tissue and alopecia may be present; this upset Mrs. Tapp.

13. Dr. Muller rebandaged the dog's leg and applied a splint to limit the range of motion. She stressed to Complainants that the dog should wear an Elizabethan collar. Complainants declined, stating the other dog in the household would remove the collar from the dog. Additionally, Dr. Muller warned that the dog should not swim and be confined to a crate, as well as leashed walked; no rough housing with the other dog and should not be allowed off leash. Complainants stated that they would not be able to return until March 25th.

14. On March 29, 2021, the dog was presented to Dr. Kiedrowski at Dove Valley Animal Hospital for a recheck. Dr. Kiedrowski removed the bandage that was present on the dog's right rear leg – the wound was well epithelialized over the majority of the wound with several small areas still granulating. The remaining sutures were removed and the leg was rebandaged to protect it during further healing. The dog was still being administered Cephalexin, gabapentin and meloxicam – Dr. Kiedrowski added acepromazine to reduce movement and self-trauma.

15. On April 19, 2021, Dr. Kiedrowski's associate, Dr. Likewise, evaluated the dog. No lameness or limping was noted – on exam the dog's right tarsus was larger than the left tarsus and was firm to palpation. Radiographs and blood work was recommended and approved. Complainants expressed concern that if the dog's leg was splinted earlier, that it would have changed the outcome. Dr. Likewise could not say.

16. Radiographs were reviewed by a radiologist – there was no evidence of infection but

there was a concern for ligament injury.

17. On April 20, 2021, Dr. Likewise discussed the radiologist's findings with Complainants. She relayed that since the dog's joint was stable and he was comfortable with range of motion and walking on the leg, splinting was not recommended. Referral to an orthopedist was recommended to discuss long-term care.

COMMITTEE DISCUSSION:

After reviewing the case file materials and obtaining testimony from Respondent, the Committee concluded there was no violation.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division